

**POLICY & PROCEDURE**



**Title:** \_\_\_\_\_ Telecommuting Agreement

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

I will provide services in my home for \_\_\_\_\_ to the best of my ability. All policies and procedures that have been established by \_\_\_\_\_ and my department are to be followed.

The software and hardware provided is the property of otherwise licensed to \_\_\_\_\_ and should not be used for any work other than \_\_\_\_\_'s without the express written consent of \_\_\_\_\_. The software cannot be altered or distributed without the express written approval of \_\_\_\_\_. I will not copy, duplicate or modify software in any way without the express consent of \_\_\_\_\_.

It is the employee's responsibility to provide an adequate, safe and secure workspace and furniture as required for hardware and software in my home. I will work in a secure location that will not be accessible to anyone other than myself and will not allow anyone access to the \_\_\_\_\_ workstation. I will sign off when I am not physically in front of my workstation and will not use the Internet during work time. I will not assume childcare while on \_\_\_\_\_'s time.

The work schedule will be set by my Supervisor, and I will clock in and out during those scheduled hours, including my lunch break. I realize that I may be asked to work in the department at times for various reasons and attend meetings as needed. I am expected to meet performance standards as set by my department. This performance will be monitored on a monthly basis with productivity reports. I will check email daily and communicate often with my supervisor. My productivity goals will be set and be measured as follows:

\_\_\_\_\_  
\_\_\_\_\_

Time off is to be requested as normal, and time made up needs to be approved by the supervisor.

I understand that wages will be paid in the same manner as other \_\_\_\_\_ employees. All overtime hours worked (in excess of 40 hours per week) must be prior-approved.

I acknowledge that I have received, read and understand the above agreement and the \_\_\_\_\_ Telecommuting Policy and will have to return to work at \_\_\_\_\_ if any expectations are not met.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**References:** \_\_\_\_\_ **Telecommunicating Policy**

Please refer to the electronic copy for the latest version.

## Semi-Annual Home Work Environment Checklist

Date completed and scanned to HR:	
Employee Name:	Employee Signature:

GENERAL SAFETY MEASURES					
Item	Item	Yes	No	N/A	Comments
1	Adhere to ergonomic best practices to reduce neck, back and hand pain.				
2	Work in a clutter free space to reduce trip injuries.				
3	Tie up loose cords under desk area to reduce the trip hazards.				
4	Minimize distractions as much as possible.				
5	Take breaks from computer work for stretching and eye strain.				
6	Do not overload circuits where equipment is plugged.				
7	Ensure proper lighting for workspace.				
8	Designated workspace is set up to maintain privacy of information.				

**References: Society for Human Resource Management (2021). [www.shrm.org](http://www.shrm.org)**